

Arizona Department of Economic Security
Aging and Adult Administration, Site Code 950A
Home Delivered Meals Report

1. Contractor Name	2. For Month of	3. PSA #
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Part I - Service Data

	Month To Date		Fiscal Year To Date	
	(A) New Individuals	(B) Total Meals	(C) Total Individuals	(D) Total Meals
4. Elderly 60+ or Spouse -60				
5. Disabled -60 in Congregate Housing				
6. Disabled -60 in 60+ Household				
7. Total NSIP Eligible (Add lines 4-6)				
8. Other Disabled -60				
9. Total Eligible Served (Add lines 7-8)				
ALTCS Eligible				

Part II - Demographic Data

	Month To Date		Fiscal Year To Date	
	(E) New Individuals -60	(F) New Individuals 60+	(G) Total Individuals -60	(H) Total Individuals60+
10. White				
11. American Indian/Alaska				
12. Asian/Pacific Islander				
13. Black				
14. Hispanic				
15. One other race alone				
16. Two or more races				
17. Total Individuals served				
18. 60-74				
19. 75-84				
20. 85 and over				
21. Female				
22. Male				
23. Frail/Disabled				
24. Residents Rural Areas				
25. Low Income Non-Minority				
26. Low Income Minority				

27. Prepared by	28. Date
29. Phone Number ()	30. E-Mail Address ()

Home Delivered Meals Report (AG-030B) Completion Instructions

Purpose

The purpose of this document is to capture relevant information on individuals receiving Home Delivered Meals. This document captures demographic data for individuals receiving Home Delivered Meals and provides details on unduplicated individuals receiving meals and total meals served.

Boxes 1-3

1. Contractor Name – enter the name of the agency reporting the information.
2. For month of – enter the month/year services are provided.
3. Planning and Service Area Number - enter the region number.

Part I – Service Data

The numbers entered in this section pertain to new and current individuals who have received a meal within the fiscal year.

Lines 4 to 9

Column A – for each category, enter the total number of **NEW** individuals who have received a meal for the first time during the fiscal year. An individual can only be counted once.

Column B – for each category, enter the total units of Home Delivered Meals service delivered during the month. These units must correspond to units reported on the AG-053.

Column C – for each category, enter the total number of individuals who have received a meal year-to-date for the fiscal year.

Column D – for each category, enter the total number of meals delivered year-to-date for the fiscal year.

Part II - Demographic Data

Columns E and F: The numbers entered in this section pertain to **NEW** individuals under 60 or 60 years of age or older, who have received a meal for the first time during the fiscal year.

Lines 10 through 16 – Ethnicity: for each category, enter the number of new individuals provided a meal during the month in each appropriate column. Please note that the categories of “one other race alone” and “two or more races” has been added to the form, but is not required to be collected at this time. These categories will be required in SFY 2005.

Lines 17 - Total: enter the sum of lines 12-18 for both columns.

Line 18 through 20 - Age: enter the number of new individuals served during the month by age category for Column F only.

Line 21 and 22 – Sex/Gender: enter the number of new individuals served during the month by gender category.

Line 23 - Frail/Disabled: enter the number of new individuals served during the month who have a physical or mental disability, including Alzheimer's Disease or other neurological or organic brain disorder or are considered frail.

Line 24 - Residents of Rural Areas: enter the number of new individuals served during the month who reside in rural areas as defined by the U.S. Census Bureau. Tribal Reservations are considered rural.

Line 25 - Low-Income Non-Minority: enter the number of new individuals served during the month who have been identified with an ethnicity of "White" with an annual income at or below the Federally established poverty level.

Line 26 - Low-Income Minority: enter the number of new individuals served during the month who have been identified with an ethnicity of "American Indian/Alaska Native", "Asian/Pacific Islander", "Black", or "Hispanic" with annual income at or below the Federally established poverty level.

Columns G and H: The numbers entered in this section pertain to individual who have received a meal in prior months and the current month during the current fiscal year.

Lines 10-26: all entries made in this section should be the total number of individuals served, year-to-date during the fiscal year.

Boxes 27-30

27. Prepared by – enter the printed name of the individual who prepared the report and/or is responsible for the report.

28. Date – enter the date the report is submitted.

29. Phone – enter the phone number of the person who prepared the report and/or is responsible for the report.

30. E-mail – enter the e-mail address of the person who prepared the report and/or is responsible for the report.